2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029474

1. Entity Name

C AND D ENTERPRISES INTERNATIONAL, INC.



FILED Mar 25, 2003 8:00 am Secretary of State

03-25-2003 90076 039 ***150.00

					 }		
Principal Plac	e of Business	Mailing Address					
ROUTE 7 BOX 541-B		ROUTE 7 BOX 5					
LAKE CITY FL 32055		LAKE CITY FL 3	2055		A 1864 (854 (18 76) 88 (18) (861) (851) 881) 881)	9 (1818 1818 BIRSE)	BB11 #181 (BB1
2. Principal P	Place of Business	3. Mailing Addre	ess				
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		CHECK HERE IF MAKING CHANGES		
		0			4 SELNiumbor	- I IAr	oplied For
City & State		City & State	City & State		4. FEI Number 59-3175659	<u> </u>	ot Applicable
Zip Country		Zip	Zip Cou		To all the Country of	\$8.75 Add	ditional
Zip Godina y II-p					5. Certificate of Status Desired Fee Required		
	6. Name and Address of Curr	rent Registered Agent			7. Name and Address of New Registere	d Agent	
			•	Name	· · · · · · · · · · · · · · · · · · ·	je ('Enger −	
KALB, CHARLES H				Street Address (P.O. Box Number is Not Acceptable)			
	BOX 541-B						
	Y FL 32055						
D ((L O))				City		Zip Cod	e
	13			1	•	_	and accept
8. The above the obligation	e named entity submits this stateme tions of registered agent.	nt for the purpose of ch	anging its register	ed office or regist	tered agent, or both, in the State of Florida. 1 a	m iamiliar willi,	and accept
SIGNATURE							<u> </u>
SIGNATORE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signature requi	pired when reinstating) DATI	<u>-</u>	
	ILE NOW!!! FEE IS \$150.00				g. Election Campaign Financing	\$5.0	O May Be
Afte	r May 1, 2003 Fee will be \$550	.00			Trust Fund Contribution.	☐ Added	d to Fees
Make Check	k Payable to Florida Departmen	nt of State				ND DIRECTOR	PC IN 11
10.	OFFICERS /	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR ☐ Change	☐ Addition
TITLE	PD '	□ D	Delete TITE			☐ Change	
NAME 5	KALB, CHARLES H		E.	LEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ROUTE 7, BOX 541-B LAKE CITY FL 32055			Y-ST-ZIP			
	<u> </u>		Delete TITI	E		Change	☐ Addition
TITLE NAME	VALD DEODIE E		, NA	I			
STREET ADDRESS	KALB, DEBBIE E ROUTE 7, BOX 541-B		STR	EET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32055		CIT	Y-ST-ZIP		_ <u>_</u>	
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NAME		·	NAI		The state of the s	-	
STREET ADDRESS		·		REET ADORESS Y-ST-ZIP			
CITY-ST-ZIP				 		☐ Change	Addition
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NAME				REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			j
	 		Delete TIT	LE LE		☐ Change	☐ Addition
TITLE NAME		-	NA:	I			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			CIT	Y-ST-ZIP			
TITLE			Delete TIT	I .		☐ Change	☐ Addition
NAME			NA.				
STREET ADDRESS	: 1		STE	REET ADORESS			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/63

386-755-1759

Daytime Phone #